

SENATE BILL NO. 83

INTRODUCED BY R. LAIBLE

BY REQUEST OF THE CHILDREN, FAMILIES, HEALTH, AND HUMAN SERVICES INTERIM COMMITTEE

A BILL FOR AN ACT ENTITLED: "AN ACT PROVIDING FOR EVALUATION OF EMERGENCY MEDICAL RUN REVIEWS FOR QUALITY IMPROVEMENT PURPOSES; PROVIDING DEFINITIONS; AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES TO REQUEST LOCAL EMS MEDICAL RUN REVIEWS AND PROVIDE RULES; ESTABLISHING STANDARDS FOR MEDICAL RUN REVIEWS IN EMS COUNCIL MEETINGS; REQUIRING THE CONFIDENTIALITY OF MEDICAL RUN REVIEW DATA IN SOME INSTANCES; AMENDING SECTION 50-6-302, MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

NEW SECTION. Section 1. Legislative purpose. The public welfare requires the provision of assistance and encouragement for the development of enhanced review, evaluation, and improvement of emergency medical services, at both the state and local level, within the state of Montana in order to ensure the provision of the highest quality emergency medical services to the residents of the state.

Section 2. Section 50-6-302, MCA, is amended to read:

"50-6-302. Definitions. As used in this part, unless the context requires otherwise, the following definitions apply:

(1) "Aircraft" has the ~~same~~ meaning ~~given~~ provided in 67-1-101. The term includes any fixed-wing airplane or helicopter.

(2) (a) "Ambulance" means a privately or publicly owned motor vehicle or aircraft that is maintained and used for the transportation of patients.

(b) The term does not include:

(i) a motor vehicle or aircraft owned by or operated under the direct control of the United States; or

(ii) air transportation services, such as charter or fixed-based operators, that are regulated by the federal aviation administration and that offer no special medical services or provide only transportation to patients or persons at the direction or under the supervision of an independent physician.

(3) "Department" means the department of public health and human services provided for in 2-15-2201.

(4) "Emergency medical service" means a prehospital or interhospital emergency medical transportation or treatment service provided by an ambulance or nontransporting medical unit.

(5) "Emergency medical technician" has the meaning provided in 50-6-202.

(6) "EMS council" means a regional, state, or local group of emergency medical service personnel and health care professionals who provide standards of service operation for air and ground medical transport by critiquing care in order to improve patient outcome and by developing medical standards for ongoing system review and quality improvement.

~~(5)(7)~~ "Medical control" means the function of a licensed physician in providing direction, advice, or orders to an emergency medical service provider.

(8) "Medical run review" means review of an emergency medical call for service after the call has been completed.

~~(6)(9)~~ "Nontransporting medical unit" means an aggregate of persons who are organized to respond to a call for emergency medical service and to treat a patient until the arrival of an ambulance. Nontransporting medical units provide any one of varying types and levels of service defined by department rule but may not transport patients.

~~(7)(10)~~ "Offline medical director" means a physician who is responsible and accountable for the overall medical direction and medical supervision of an emergency medical service and who is responsible for the proper application of patient care techniques and the quality of care provided by the emergency medical services personnel. The term includes only a physician who volunteers the physician's services as an offline medical director or whose total reimbursement for those services in any 12-month period does not exceed \$5,000.

~~(8)(11)~~ (a) "Patient" means an individual who is sick, injured, wounded, or otherwise incapacitated or helpless.

(b) The term does not include an individual who is nonambulatory and who needs transportation assistance solely because that individual is confined to a wheelchair as the individual's usual means of mobility.

(12) "Peer review" means an evaluation of emergency medical services by an EMS council.

~~(9)(13)~~ "Person" means an individual, firm, partnership, association, corporation, company, group of individuals acting together for a common purpose, or organization of any kind, including a governmental agency other than the United States.

(14) "Quality improvement" means the process of defining medical or trauma care system performance

1 standards, collecting data against which the standards may be applied, using the data to determine compliance
2 with the standards, and using the data and compliance information in a nonpunitive manner, including peer
3 review, that will continuously improve performance and facilitate compliance with the standards."
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5 **NEW SECTION. Section 3. Powers and duties of department -- rulemaking authority.** (1) The
6 department shall request local EMS council medical run reviews for purposes of conducting statewide medical
7 run reviews for quality improvement purposes in order to evaluate the performance of the emergency medical
8 services system and to plan systematically for improvements in the system at all levels.

9 (2) In order to carry out the provisions of this part, the department shall prescribe and enforce rules for
10 EMS councils, including rules maintaining confidentiality of information provided to the department as provided
11 in [section 4].

12 (3) The department shall develop mechanisms for protecting and continually evaluating patient data, in
13 addition to measuring the effectiveness of the protection mechanisms utilized. The rules must specify that
14 examination of data, reports, and deliberations regarding medical run reviews may be used only for medical
15 quality assurance and quality improvement activities.

16 (4) The department shall establish criteria for a quality improvement program based upon medical run
17 reviews, which must include:

- 18 (a) an assessment of how the system is currently functioning according to the performance standards;
19 (b) identification of system improvements that are needed to exceed the standards; and
20 (c) a mechanism to measure the improvements once implemented.

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22 **NEW SECTION. Section 4. EMS council meetings.** (1) State or local EMS council meetings must be
23 open to the public, and the information presented at the meetings is public unless the council determines that the
24 meeting or a portion of the meeting will involve quality improvement activities such as peer review or performance
25 improvement activities, in which case the meeting or relevant portion of the meeting is limited to:

- 26 (a) members of the council; and
27 (b) individuals who further the process of quality improvement, who are invited by the EMS council
28 presiding officer, and who are approved by the EMS council in advance.

29 (2) Each council member and individual shall sign a form indicating that the individual will not divulge
30 any proceedings of a closed meeting, conversations during the meeting, or documents used during the meeting

beyond what is required by subsection (4).

(3) Minutes of a closed meeting must be kept and must include:

(a) the date, time, and place of the meeting;

(b) a list of the members in attendance; and

(c) the topics discussed, with personal identifying information removed.

(4) Information other than what must be included in the minutes is confidential and not discoverable, but may be given to the department for purposes of [section 3].

NEW SECTION. Section 5. Confidentiality. (1) Review or discussion of data contained in the EMS council regional, state, or local medical run review for purposes of evaluation and improvement is not subject to discovery in a civil action and may not be introduced into evidence in a judicial or administrative proceeding.

(2) Data and reports from medical run reviews concerning quality improvement or the quality of field care provided by emergency medical technicians to an offline medical director on behalf of an EMS council are not subject to discovery in a civil action and may not be introduced into evidence in a judicial or administrative proceeding.

(3) Medical run review information in a report by a offline medical director that is used to evaluate and improve the quality of emergency medical service field care is not subject to discovery and may not be introduced as evidence in a judicial or administrative proceeding.

NEW SECTION. Section 6. Codification instruction. [Sections 1 and 3 through 5] are intended to be codified as an integral part of Title 50, chapter 6, part 3, and the provisions of Title 50, chapter 6, part 3, apply to [sections 1 and 3 through 5].

NEW SECTION. Section 7. Effective date. [This act] is effective on passage and approval.

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